Officeholuer, Candidate, Type or print in link.	COVER PAGE ING FORM
and Controlled Committee	Statement covers period Date Stamp
Campaign Statement — Long Form	701 / 1595 BASSASONA
(Government Code Sections 84200-84216.5)	from O. P. T.
	through JULY 31, 1995 REVENTED 1 17
SEE INSTRUCTIONS ON REVERSE	Page of
Check one of the following boxes to indicate the type of statement being filed:	Date of election if applicable: 27 Fill 1: 0 For Official Use Only
☐ Pre-election Statement ☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)	(Month, Day, Year)
Special Odd-Year Campaign Report	
Semi-annual Statement	
Termination Statement (Attach a completed Form 415 to this statement.)	····-
Officeholder, Candidate, and Controlled Committee	Il Other Committees Not Included in this Statement: List any other
Included in this Statement	committees not included in this consolidated statement that are controlled by you and any
NAME OF OFFICEHOLDER OR CANDIDATE	committees of which you have knowledge that are primarily formed to receive contributions
KETTH LAND	COMMITTEE NAME I.D. NUMBER
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	COMMITTEE NAME
LOOK CITY COUNCIL	
RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)	NAME OF TREASURER CONTROLLED COMMITTEE?
511 CHARLESTON: WAY	☐ YES ☐ NO
CITY STATE TIP CODE AREA CODE/DAYTIME PHONE	COMMITTEE ADDRESS (NO. AND STREET)
LODE CA. 95242 209-368-670	de la companya de la
COMMITTEE NAME I.D. NUMBER	CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
COMMERTEE TO FUET HOTEL POUR 942177	
COMMETTEE TO FLICT KEETH LAND THEIT	COMMITTEE NAME I.D. NUMBER
COMMITTEE ADDRESS (NO. AND STREET)	
1806 W. NETTLEMAN IN, SHETE K	
CITY STATE AP CODE AREA CODE/DAYTIME PHONE  LODT A 524P 207-335-73/	NAME OF TREASURER CONTROLLED COMMITTEET
	3
NAME OF TREASURER	COMMITTEE ADDRESS (NO. AND STREET)
PETER V. HETZNER	
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)	CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
611 ATHERTON IR	
CITY STATE SIP CODE AREA CODE/DAYTIME PHONE	ري المراجع الم
1002 CA. 15646 609-368338.	Attach additional information on appropriately labeled continuation sheets
III Verification	
true and complete. I certify under penalty of perjury under the laws of the State of California tha	and to the best of my knowledge the information contained herein and in the attached schedules is
7-P6-95 A 1007 C9	and the state of t
Executed on 7-26-95 At LODE CITY AND STATE	SIGNATURE OF TREASURER
An officeholder or candidate who controls a committee must also verify the campaign statemen	it. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all
reasonable diligence in preparing this statement. I have reviewed the statement and to the best	of my knowledge the information contained herein and in the attached schedules is true and
complete. I certify under penalty of perjury under the laws of the State of California that the fore	egoing is true and correct.
Executed on 7-24-95 At LOPE CA	By Tuch Jarol
DATE CITY AND STATE	SIGNATURE OF CANDIDATE/OFFICEHOLDER
Executed on At	Ву
DATE CITY AND STATE	SIGNATURE OF CANDIDATE/OFFICEHOLDER
Executed on At At	BySIGNATURE OF CANDIDATE/OFFICEHOLDER
FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORM	
TO THE OWN ALCOHOLD TO BE PROVIDED TO TOUTONS WATER TO THE REPORT AND THAT THE SACTOR 1977, SEE INTONE	AND THOSE MICHONE AND CONTRACTOR AND

State of California Fair Political Practices Commission

# Allocation Page — Part I Contributions and Independent Expenditures Made From Campaign Funds

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

ALLOCATION - PART I

	ons and Independent Expenditures n Campaign Funds	tov	whole dolla	ars. 	from JAN.	1, 1995 r31,1995	fgga F	2 of <u>17</u>
	IOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		/	1			I.D. NUM	
KEITH				1. LAN	40		742	2177
List each contri	ibution and independent expenditure of \$100 or more made fro oppose other candidates or ballot measures.	m campa	ign fund	's to other	committees or		ı	
DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK Support	. 1	IND. EXP*	AMOUNT	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE EAR 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
						-		
	:							
	, i							
*See reverse re	garding independent expenditures.			BTOTAL				
	— PARTI SUMMARY				nformation on	appropriately la	abeled Ci	ontinuation sheets
(Include all A	ns and independent expenditures of \$100 or more made this peri Allocation Page — Part I subtotals.)					\$	2	·.
(Do not item	ns and independent expenditures under \$100 made this period finize.)			nds.		\$ <u></u>	<u>y</u>	
3. Total contrib (Do not carry	butions and independent expenditures made this period from ca y this total to the Summary Page.)	ımpaign f	unds.			TOTAL \$,	<u> </u>	:

# Allocation Page — Part II Contributions and Independent Expenditures Made From Personal Funds

Type or print in ink.
Amounts may be rounded to whole dollars.

					through Tul	31,1995	Page 3	of 17
SEE INSTRUCTION							y	
NAME OF OFFICE	LAND - COMMETTEE TO ELECT	KEZ	TH I	LANS	)			
List each contr other officeho	ribution and independent expenditure of \$100 or more made from olders, candidates and committees.	m the offi	ceholde	r or candid	date's personal f	inds to support	or oppose	
DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK Support		IND. EXP*	AMOUNT	CUMULATIVE TO CALENDAR YEA (JAN. 1 - DEC. 3	DATE CUMUL AR. 1) (IF A	ATIVE TO DATE OTHER PPLICABLE}
	·							
				•				
								<del></del>
		-						<del> </del>
							•	•
See reverse re	egarding independent expenditures.		SUI	BTOTAL	\$			
ALLOCATION .	— PART II SUMMARY	At	tach ado	litional inf	formation on ap	propriately labe	eled continu	ation sheets.
I. Contribution (Include all A	ns and independent expenditures of \$ 100 or more made this perional state of the perion of the perio	od from p	ersonal	funds.		s_£	<u> </u>	
	ns and independent expenditures under \$100 made this period frontize.)				• • • • • • • • • • • • • • • • • • • •	<i>s L</i>		
3. Total contrib (Do not carry	outions and independent expenditures made this period from per y this total to the Summary Page.)	rsonal fur	nds.		то	TAL S.		

## Campaign Disclosure Statement Summary Page

fype or print in ink. Amounts may be rounded to whole dollars.

SL JARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	from JAN 1995	CALLEGRALA 490
SEE INSTRUCTIONS ON REVERSE		through OVE JULIO	Page of
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	- Venu	1,440	I.D. NUMBER
KEITH LAND - COMMETTEE TO E	LECT KEIJH L	JIM)	942171
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A • B)
1. Monetary Contributions Schedule A, Line 3	\$	\$	\$
2. Loans Received Schedule B, Line 7	000		
3. SUBTOTAL CASH CONTRIBUTIONS Add Unes 1 + 2	s <u>99</u>	\$	\$
4. Non-monetary Contributions Schedule C, Line 3	8		
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	s <u>99</u>	s	\$
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)			
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	s <u> </u>	\$	\$
Expenditures Made	<b>A</b> /		
8. Cash Payments (Other than Loans Made) Schedule E, Line 5	5	\$	\$ <u></u>
9. Loans Made Schedule H, Line 7	<u>Ø</u>	**************************************	
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	s Ø	s	\$
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	8		
12. TOTAL EXPENDITURES MADE	s Ø	\$	\$
Current Cash Statement	~		
13. Beginning Cash Balance Previous Summary Page, Line 17	s <u></u>	From previous Statement Summar	y Page, Column C. However, if
14. Cash Receipts Column A, Une 3 above	99	this is the first report filed for the ca blank except for Loans Received (Lin	lendar year, Column B should be
15. Miscellaneous Increases to Cash	<u>Ø</u>	6), Loans Made (Line 9), and Accrued	
16. Cash Payments Column A, Line 10 above	8	L	
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	, 99	Summary for Candidates	in Both June and
If this is a termination statement, Line 17 must be zero.	ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	November Elections	*
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	s_Ø	21. Contributions Received \$	/30 7/1 to Date
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents See Instructions on reverse	s	22. Expenditures Made \$	
20. Outstanding Debts Add Line 2 + Line 11 in Column Cabove	s <u>Ø</u>	•	

Schedule	Α	
Monetary	y Contributions	Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period Statement covers period

wionetary	Contributions Received	to whole dollars.	from JRN.	1995	1994	45°LU
SEE INSTRUCTIONS	S ON REVERSE		through Just	31,195	Page _	5 of 17
NAME OF OFFICEH	HOLDEROR CANDIDATE AND CONTROLLED COMMITTEE  TO E.	LECT KETTH L	ENG		1.D. NUI	MBER 3177
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR  (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	DATE EAR 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
						•
· · · · · · · · · · · · · · · · · · ·	· .					
	: -					. :
		SUBTOTAL \$				
1. Amount recei	intributions Summary ived this period — contributions of \$100 or more. chedule A subtotals.)			s_ <i>&amp;</i>	/	
2. Amount recei (Do not itemi	ived this period — contributions of less than \$100. ze.)			s <u>99</u>		<del>-</del>
3. Total moneta (Add Lines 1 a	ry contributions received this period. and 2. Enter here and on the Summary Page, Column A, Lin	ne 1.)	TOTAL	s 99		

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHL LEB-Part I

Loans R	eceived		Amounts may be rounded to whole dollars.	i	Statement of	overs period , 1995	CALLIDAN 1994 FORA		
SEE INSTRUCT	IONS ON REVERSE				through July	y 31, 1995	Page 6	_ of <u>17</u>	
NAME OF OFF	ICEHOLDER OR CAN	IDIDATE AND CONTROLLED COMMITTE				-	I.D. NUMBER		
KET	TH LAM	2 - COMMINTEE	TO ELECT KEET	H LA	W		194217	71	
DATE RECEIVED		R GUARANTOR'S FULL NAME AND ADDRESS		L	ENDER INFORMAT	ION	GUARANTOR	GUARANTOR INFORMATION	
RECEIVED		, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF EN ASSIGNED, ENTER THE TREASURER'S NAME AND A		DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE	
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR	
			1			,		s	
			1	INTEREST RAT	•	OTHER		OTHER	
	☐ Lender	☐ Guarantor *		<del></del>	*	s		s ———	
			·	DUE DATE		CALENDAR YEAR		CALENDAR YEAR	
				INTEREST RATI		s		s	
		;		INTEREST NATI	•	OTHER		OTHER	
	☐ Lender	☐ Guarantor *			<b>*</b>	s		3	
			·	DUE DATE		CALENDAR YEAR	ĺ	CALENDAR YEAR	
				INTEREST RATE		5		s	
		,				OTHER '		OTHER	
	Lender	☐ Guarantor *		<u> </u>	<b>%</b>	\$		<u>                                     </u>	
*See impoi	rtant instruction	s on reverse.		SUBTOTAL	\$ (a)		\$ <sup>(b)</sup>	Enter (b) on Summary Page, Line 18 only.	
Loans Red	eived - Part	l Summary			es/	•			
1. Loans of	\$100 or more red	ceived this period. (Include all Lo	oans Received — Part I (a) subtotals.)		.s	· ·		:	
2. Loans une	der \$100 receive	d this period. (Do not itemize.)			s <u>Ø</u>				
3. Total load	ns received this p	period. (Add Lines 1 and 2.)	***************************************	···· TOTAL	5	·			
Loans Rec	eived — Part	II Summary						4 14	
4. Loans of	100 or more rep	paid, forgiven, or paid by a third	party this period. (Include all Part II	(c)	. 8	•		•	
5. Loans und	der \$100 repaid.	forgiven, or paid by a third party	the transaction on Schedule A.) y. (Do no itemize.) If forgiven or		*				
paid by a	third party, incl	ude this amount on Schedule AS en, or paid by a third party this p	Summary, Line 2		\$ 2				
(Add Line	s 4 + 5.)		enoa.	TOTAL	\$ ( )	)			
		Subtract Line 6 from Line 3.)	Line 2	NET		· 	,		
THE PARTY	nechere and on	care summary rage, committee, c			May be a pegat	ive number.	•		

### Schedule B — Part II Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHE .EB-Part II Statement covers period

SEE INSTRUCTION	ONS ON REVERSE				1	through LILY 5	<u> 1925  </u>	Page	$\frac{7}{2}$ of $\frac{17}{2}$
NAME OF OFFIC	NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE							I.D. NUMB	ER
KEITH	LAND	- COMMETTEE TO	FLEET K	GITH	LAND	7		940	171
DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDE	ER	INTEREST RATE (IF CHANGED)	AMOU FORGIVEN (EXCLUDE PA	NT REPAID OR NON PRINCIPAL * NYMENT OF INTEREST)	OUTSTAN PRINCIP	DING 'AL	INTEREST PAID
		·			· · · · · · · · · · · · · · · · · · ·				
		÷ 						·	
								·	:
							,		
Attach addi	tional informat	ion on appropriately labeled cont	inuation sheets.	SUBTOTAL	s Ø	NO TO THE REAL PROPERTY OF THE PERTY OF THE	TOTAL INT		s (d)
*IMPORTAN	T: If any part o	f a loan is forgiven or repaid by a t fress of the person forgiving the lo	hird party, also item	ize the transa	action on Sch	edule A, d the amount	Enter the amo	unt in colui	nn (d) in the dule E, Line 3. Do

forgiven or paid.

not carry this total to the summary section of Schedule B.

Schedule B — Part III		Type or print in ink.		SCHEL _ LE B - Part II		
Annual Report of Outstanding Loans Received		Amounts may be rounded to whole dollars.	Statement covers period from JAN B 1995	CALIFORNIA 490		
SEE INSTRUCTIONS ON REVERSE	. •		through J114 31, 1925	Page 8 of 17		
NAME OF OFFICEHOLDER OR CANDIDATE AND CON		OT KEITH LAN	10	1.D. NUMBER 942/77		
FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST		
<u> </u>						
<del></del>						
Attach additional information on appropr	iately labeled continuation shee	ets. TOTAL \$	8			

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

Schedule C	
Non-Monetary	y Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period

m JAN 1 1995

13324 ESIRE: 4 0 0

			į	from AM		1 F 3 F 1 F 1 F 1 F 1 F 1
SEE INSTRUCTION	IS ON REVERSE			through July 3	1,1985 Page_	9 of <u>17</u>
1/.	HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	W	2		I.D. NU	IMBER
KEITH	LAND - COMMITTEE /	ELECT SE	ITH LAN	UD .	177	12///
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER ON, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICE	S FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
						,
	,					
		·				
	:					
						:
Attach additie	onal information on appropriately labeled contin	nuation sheets.	SUBTOTAL	\$		
Non-Moneta	ary Contributions Summary					***************************************
1. Amount rec	eived this period — non-monetary contributions Schedule C subtotals.)	of \$100 or more.	••••	5	·	
2. Amount reco	eived this period — non-monetary contributions nize.)	of less than \$100.	•••••	5_8		•
3. Total non-m (Add Lines 1	onetary contributions received this period. and 2. Enter here and on the Summary Page, Co	olumn A, Line 4.)	TOTAL	5		

Schedule Enforceat Guarante	D ble Promises Received (Other than es, Loan Endorsements, and Loan	Loan Amount	or print in ink. is may be rounded whole dollars.	Statement covers	· / 25813	CHEDULE D
be reported o	guarantees, loan endorsements and loan security in Schedule B – NOT Schedule D. SEE INSTRUCTIONS HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	on REVERSE	that must	through DILYS	7/895 Page_	MBER
KETTH	LAND - COMMETTEE	10 ELECT A	EITH L	9110 <u> </u>	74,	12177
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OÀ, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASUREN'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
						1
						<del> </del>
	ı				·	
				ļ	<del></del>	
Attach additi sheets.	onal information on appropriately labeled conti	inuation . SUBTOTALS \$	(a)	(6)		
Enforceable	Promises Received Summary		a		<del></del> .	1
1. Promises red 2. Promises red	ceived of \$100 or more this period (Column (a)). ceived under \$100 this period.	\$		<u> </u>		
3. Total promi (Add Lines 1	ses received this period. I and 2.)	TOTAL \$	<u> </u>	-		1,
4. Payments re (Column (b)	eceived on promises of \$100 or more this period.			~/	···-	:
(Dó not iten	nize. Also include on Schedule A Summary, Line	2.)	TOTAL	.\$	)	
7 Not change	this period. (Subtract Line 6 from Line 3. Enter t y Page, Column A, Line 6.)	ha difference here and on		<b>/3</b> /	nber.	

#### Schedule E Payments and Contributions (Other Than Loans) Made

ype or print in ink. Amounts may be rounded to whole dollars.

'CHEDULE E Statement covers period I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE KEITH LAND - COMMESTEE TO ELECT KEITH LAND

The Contract		<u> رمب</u>	116617	C71110	<u> </u>	114/1
:	CODES FOR CLAS	SIFYING	EXPENDITURES			•
If one of the following codes accurately descr back of Schedule E-Continuation Sheet for de	ibes the expenditure, you m tailed explanations of each	ay enter category	the code and lea	ive the "Des	cription of Payment" colur	nn blank. Refer to the
"C" — MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES  "I" — INDEPENDENT EXPENDITURES  "L" — LITERATURE	"B" — BROADCAST ADVERTISI "N" — NEWSPAPER AND PERIO "O" — OUTSIDE ADVERTISING "S" — SURVEYS, SIGNATURE G "F" — FUNDRAISING EVENTS	DICAL ADV		DLICIȚATIONS	"G" GENERAL OPERATION "T" TRAVEL, ACCOMMOD (MUST BE DESCRIBED) "P" PROFESSIONAL MANA SERVICES	ATIONS AND MEALS
NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIEN (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENT		REPO	IMPORTANT: DO NO	OT ITEMIZE THE SUM OF SUCH	PAYMENT OF ACCRUED EXPENS PAYMENTS ON LINE 4 OF THE SU	SES ON SCHEDULE E. MMARY SECTION BELOW.
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME	AND ADDRESS)	CODE	OR	<del></del>	TION OF PAYMENT	AMOUNT PAID
	•		1			
						; ;
Important: Contributions and expenditures ma officeholders, candidates, committees, or ballo	de out of campaign funds t t measures must also be ent	o or on b ered on t	ehalf of other he Allocation Pa	ge, Part I.	SUBTOT	AL \$
Payments and Contributions Made Sum	mary					~
1. Payments made this period of \$100 or more.` (	Include all Schedule E subto	tals.)				\$
2. Payments made this period of under \$100. (Do	o not itemize.)		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	\$
3. Total interest paid this period on outstanding	loans. (Enter amount from	Schedule	B, Part II, Colum	ın (d).)		s 8
4. Total accrued expenses paid this period. (Do r	ot itemize. Enter amount f	rom Sche	dule F, Line 4.)			
5. Total navments made this period. (Add Lines						•

		,	•	
Schedul	ype or print in ink. unts may be rounded		SCHEDULE	
Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period	AUGUNA 490	
		from MIN (175	12 7	
SEE INSTRUCTIONS ON REVERSE		through 214 31, 1995	Page / of _	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	- V 1	1	1.D. NUMBER 942177	
KETTH LAND - COMMITTEE TO ELEC	OT 186274 C	1411()	1741//	
:	SSIFYING EXPENDITURES			
If one of the following codes accurately describes the expenditure, you ma back of Schedule E-Continuation Sheet for detailed explanations of each c	sy enter the code and leave t ategory.	he "Description of Payment" colu	mn blank. Refer to the	
"C" — MONETARY AND IN-KIND (NON-MONETARY)  CONTRIBUTIONS TO OTHER CANDIDATES  AND COMMITTEES  "O" — OUTSIDE ADVERTISING  "I" — INDEPENDENT EXPENDITURES  "S" — SURVEYS, SIGNATURE GA  "I" — LITERATURE		"G" GENERAL OPERATION  "T" TRAVEL, ACCOMMON (MUST BE DESCRIBED PROFESSIONAL MAN SERVICES	DATIONS AND MEALS	
NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION  (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID. NUMBER OR, IF NO I.D.  IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LU ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A				
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)		ESCRIPTION OF OUTSTANDING PAYMENT	<del></del>	
			·	
·			٠, ١	
Attach additional information on appropriately labeled continuation sheets	<u>                                     </u>	SUBTO	OTAL \$	
Accrued Expenses Summary			~	
1. Accrued expenses this period of \$100 or more. (Include all Schedule F subt	totals.)		\$	
2. Accrued expenses this period of under \$100. (Do not itemize.)		,.	\$	
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)				
4. Total accrued expenses paid this period. (Do not itemize. Enter here and			1 ///	

5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) ..... NET \$

يفرر				•
Schedule	p	e or print in ink.		CHEDULE
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or		ts may be rounded whole dollars.	Statement covers period from IAN 1, 1995	1994 FORM 490
Candidate) see instructions on reverse			through JULY 31, 1995	Page 13 of 17
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	ZECT 1	KEITH C	sus	I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
CODES FOR C	LASSIFYING E	XPENDITURES		
If one of the following codes accurately describes the expenditure, you back of Schedule E-Continuation Sheet for detailed explanations of each	may enter the th category.	code and leave th	ne "Description of Payment" co	olumn blank. Refer to the
"L" — LITERATURE "B" — BROADCAST ADVERTISING "N" — NEWSPAPER AND PERIODICAL ADVERTISING "O" — OUTSIDE ADVERTISING	"F" FUN "T" TRA	VEYS, SIGNATURE GAT DRAISING EVENTS VEL, ACCOMMODATIC ST BE DESCRIBED)	HERING, DOOR-TO-DOOR SOLICITATI	ONS
NAME AND ADDRESS OF PAYEE OR CREDITOR  (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF  NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		,		
***************************************			,	
		•		
			•	

Attach additional information on appropriately labeled continuation sheets.

· TOTAL\*

s //

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Type or print in ink. Amounts may be rounded

Loans Made to Others		Amounts may be rounded to whole dollars.		AN 1985	PARECHENIA 490	
CCE INICTOLICATIONIC OF	NI DEVEDEE		through	JULY 31, 1955	Page 14 of 17	
NAME OF OFFICEHOL	DER OR CANDIDATE AND CONTROLLED COMMITTEE	2			I.D. NUMBER	
KEITH	LAND - COMMESTEE TO FLEET KI	EITH	ANK	7	942177	
DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST	RATE	DUE DATE	AMOUNT	
					ı	
					·	
				SUBTOTAL \$		
Loans Made to	Others — Part I Summary					
1. Loans of \$100 o (Include all Loans)	or more made this period. Ins Made — Part I subtotals.)  00 made this period. e.)			8	* * * * * * * * * * * * * * * * * * *	
2 Total lannaman	de this period. Id 2.)			8		
Loans Repaym	ents Received — Part II Summary					
If forgiven, also	ved on loans of \$100 or more. (Include all loan payments received and all loen forgiven by this officeholder, candidate, or committee — Part II (a) subtooitemize on Schedule E.)	oans of \$100 or tals.	more \$	8	‡	
Uncluding a for	ved on loans under \$100. rgiveness. Do not itemize.) nents received this period.		\$	(8)	• ·	
7. Net change this Enter the net he	nents received this period. d 5.) s period. (Subtract Line 6 from Line 3. ere and on the Summary Page, Column A, Line 9.)	•••••	· NET \$	May be a negative number.		

# Schedule H — Part II Loan Repayments Received on Loans Made to Others (Including Payments Received from Third Parties) and Loans Forgiven

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE H - Part II

SEE INSTRUCTIONS ON REVERSE through JULY 3.							1/995 Page 15 of 17		
	·····	DATE AND CONTROLLED COMMITTEE	. 1 1			I.D. NUMBI			
SETTH	LANO.	- COMMITTEE TO ELECT /	E27H LA	W	2	94Z	2177		
DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)		AMOUNT REPAID OR RIVEN ON PRINCIPAL* CLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED		
							,		
		,							
3777		:		•					
-							:		
Attach additi	onal informati	ion on appropriately labeled continuation sheets.	SUBTOTAL	\$	0	TOTAL INTEREST RECEIVED THIS PERIOD	\$		
*IMPORTANT: third party, ent name of the red	er the name ar	a loan is forgiven, also itemize the forgiveness on Sche nd address of third party in the "FULL NAME OF RECIPIENT ( oan.	dule E. If a repaym OF LOAN " column ab	ent is ove,	along with the	Enter the amount in co summary section of Sch not carry this total to th of Schedule H.	edule I, Line 3. Do		

# Schedule H — Part III Annual Report of Outstanding Loans Made

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE H - Part III

Statement covers period

TWANTONNIA TO C

			from URN 1995	363543653555 - V-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X
SEE INSTRUCTIONS ON REVERSE	1991-859104			
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMI		KEITH LAN	W	1.D. NUMBER 942177
FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAI	UNPAID PRINCIPAL	UNPAID INTEREST
				,
				:
Attach additional information on appropriately labeled o	continuation sheets.	TOTAL	5	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 9.

, r		
Schedule I		
Schedule i		
<del></del>		
Miscellaneous Increases	to	Cach
iviistenaneuus uitteases		C 0 31

Type or print in ink. Amounts may be rounded

SCHEDULE I

Miscellane	ous Increase	s to Cash		Amounts may be rounded to whole dollars.	Statement covers period from UAN 1995	490
SEE INSTRUCTIONS					through JULY 31, 1985	Page
NAME OF OFFICEHO	OLDER-OR CANDIDAT	E AND CONTROLLED COMMITTEE		. 1	1	I.D. NUMBER
KEITH	LAND -	COMMETTEE	To ELI	ECT KEETH O	AND	942177
DATE RECEIVED		FULL NAME AND ADDRESS OF S IN ADDITION TO COMMITTEE'S NAME AND A NUMBER HAS BEEN ASSIGNED, ENTER TREASU	OURCE (DDRESS, ENTER I.D. NUMBER		RIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
						ı
						·
			·			
Attach addit	ional information	on appropriately labeled co	ontinuation sheets	).	SUBTOTAL \$	
		Cash Summary ore this period.			s Ø	
2. Increases to c	ash under \$100 th	nis period. (Do not itemize.)	***********		s Ø	·
3. Total of all in	iterest received th	is period on loans made to c	thers. (Schedule I	H, Part II (b).)	<u>, Ø</u>	
4. Total miscella Summary Pag	aneous increases t ge, Line 15.)	o cash this period. (Add Lin	es 1, 2, and 3. Ente	er here and on the	TOTAL \$	-